



# United States Department of the Interior



## FISH AND WILDLIFE SERVICE

Arcata Fish and Wildlife Office

1655 Heindon Road

Arcata, California, 95521

Phone: (707) 822-7201 FAX: (707) 822-8411

NOV 15 2006

In Reply Refer To:  
AFWO

### Memorandum

To: Trinity Adaptive Management Working Group Members

From: Randy Brown, Designated Federal Officer,  
Arcata Fish and Wildlife Office, Arcata, California

Subject: Federal Travel Guidelines for non-government TAMWG Members

The purpose of this memorandum is to provide Trinity Adaptive Management Working Group (TAMWG) members with revised and updated travel guidelines to ensure prompt reimbursement of travel expenses incurred while attending TAMWG related functions.

TAMWG members traveling at government expense are expected to "exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business" (Federal Travel Regulation §301-2.3). Things that you can do to ensure prompt reimbursement of your expenses include:

- (1) Make your lodging reservations at least one month in advance.
- (2) Ask for the government rate (per diem rate) when making your reservation.
- (3) Ensure that your lodging receipt is correct and itemized.
- (4) If you need assistance, contact a travel coordinator at the Arcata Fish and Wildlife Office (AFWO).
- (5) Promptly complete and return your Per Diem Time Sheet (see attached).
- (6) Review, sign, date, and submit your Travel Voucher as quickly as possible.
- (7) Seek prior authorization if you plan on traveling by common carrier (air, rail, or bus).

TAMWG members who are traveling at government expense can be reimbursed for transportation expenses and for per diem expenses. If you do not claim per diem expenses, but wish to claim mileage expenses, please submit a form SF-1164 (see attached).

Transportation expenses for TAMWG members usually consist of a mileage reimbursement. You should claim the round trip mileage from your home to the meeting location. The current mileage rate is \$ .445 per mile. You do not need to submit fuel receipts.

Certain modes of transportation, and some other special circumstances, require prior approval. Failure to request approval for certain travel expenses could result in those expenses not being reimbursed. Examples of travel arrangements that you must have prior approval for include:

- (a) Use of a common carrier such as air, rail, or bus transportation;

(b) Use of a rental car;

(c) Payment for lodging in excess of a locality's prescribed per diem rate.

If you require any of the above accommodations, please contact a travel coordinator at the Arcata Fish and Wildlife Office at least one month prior to travel.

The per diem rate for a given locality consists of lodging, meal, and incidental expense allowances. The government cannot reimburse you for lodging expenses in excess of the prescribed per diem allowance without prior approval. For a complete listing of current per diem rates visit <http://www.gsa.gov> . If your destination city or county does not have a designated per diem rate, the standard reimbursement rate is \$60 for lodging and \$39.00 for meals and incidentals. Both Arcata and Weaverville, CA fall under this standard rate.

Lodging receipts must be itemized and the name of the motel must be printed on the receipt. Please ensure that your receipts are correct before you leave the motel. A credit card slip alone is not sufficient to support a claim for reimbursement.

New TAWWG members must submit an Automated Clearing House (ACH) form to the AFWO. You cannot be reimbursed without this form. The ACH enables us to reimburse you for your travel expenses. Once you have submitted an ACH you do not need to submit it again unless your account information changes. Please send your ACH form to:

Attn: Nancy Holberg-Caster  
U.S. Fish and Wildlife Service  
Arcata Fish and Wildlife Office  
1655 Heindon Road  
Arcata, CA 95521

To request reimbursement for travel expenses you must submit a signed Per Diem Time Sheet with attached receipts to the AFWO. If you are claiming per diem expenses (lodging and or meals and incidentals), write your POV (Privately Owned Vehicle) miles on your Per Diem Time Sheet. A sample Per Diem Time Sheet is attached to this memorandum.

You should receive your Travel Voucher within one week of submitting your Per Diem Time Sheet and receipts. Once you receive your voucher please review, sign, date, and return it promptly. Your reimbursement should be electronically deposited into your personal bank account within two weeks.

If you have any questions regarding Federal Travel guidelines as they relate to TAMWG activities, please contact Vina Frye or Patrick Schulze at (707) 822-7201. If neither Vina nor Patrick is available, identify yourself as a TAMWG member and request assistance from an available travel coordinator.

Attachments:

Sample Per Diem Time Sheet

Sample SF-1164

ACH Form

Blank Per Diem Time Sheet

Blank SF-1164

STANDARD FORM 1164 (Rev. 11-77)  
Prescribed by GSA, FPMR (CFR 41) 101-7

[illegible]

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Name: \_\_\_\_\_

PER DIEM TIME SHEET

Departure Date/Time	Destination and Arrival Time	Departure Date/Time	Return Date/Time	POV Miles	Project

Please re-use and return to Travel in-box.

TAMWG Member Signature \_\_\_\_\_ Date \_\_\_\_\_

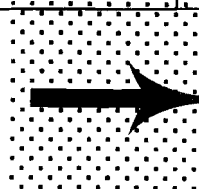
Name: \_\_\_\_\_

## PER DIEM TIME SHEET

[illegible]

Please re-use and return to Travel in-box.

# SIGN HERE



  
TAMWG Member Signature

11/05/06  
Date



Note: Please Fill out Completely

U.S. Fish and Wildlife Service  
Department of the Interior  
FFS Vendor Updating Document  
**INTERNAL E-MAIL - NBCDENVER ,ACHForm**  
**EXTERNAL E-MAIL - ACHFORM@NBC.GOV**

Date: \_\_\_\_\_ Attention: April Esparza (303) 969-5881  
Shannon Schoen (303) 969-7780 x2277  
Heather Aguiler (303) 969-6371  
To: U.S. Fish and Wildlife Service  
National Business Center  
Fax: (303) 969-7281

From: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_

Vendor #: \_\_\_\_\_  
or (If already entered in FFS)  
Duns #: \_\_\_\_\_

**Vend Type:**

\_\_\_\_\_ (G) Federal Gov  
\_\_\_\_\_ (S) State Gov  
\_\_\_\_\_ (N) Private Sector  
\_\_\_\_\_ (E) Employee / Interns  
\_\_\_\_\_ (V) Volunteer / Invitational Travelers

**Vendors**

24 characters max per line including spaces

Vendor Name: \_\_\_\_\_

DBA: \_\_\_\_\_

(The name should be exactly as it was issued on your TIN / EIN)

TIN / EIN #: \_\_\_\_\_ or SSN#: \_\_\_\_\_  
Required Required

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

Address Line 4: \_\_\_\_\_

City State Zip

1099 Vendor: Yes \_\_\_\_\_ No \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Employee / Volunteer / Interns**

24 characters max per line including spaces

**/ Invitational Travelers**

Employee Name: \_\_\_\_\_

(Name should be exactly as it appears on your Social Security Card)

SSN #: \_\_\_\_\_ Home Org Code: \_\_\_\_\_ (5 Digits)  
Required Required

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

Address Line 4: \_\_\_\_\_

City State Zip

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**ACH Bank Information (Required)**

Financial Institution Information

Check if new: \_\_\_\_\_

Waiver Requested \_\_\_\_\_ (to follow via fax) Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City State Zip

ACH Coordinator Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Nine Digit Routing Number: \_\_\_\_\_

Depositor Account Number: \_\_\_\_\_

Depositor Account Title: \_\_\_\_\_

OMB FORM 1510  
NBC ACH form REV 7-13-04wp